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Country programme document

Sao Tome and Principe

Summary

The country programme document (CPD) for Sao Tome and Principe is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,690,000 from regular resources, subject to the availability of funds, and $2,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

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Programme rationale

1. The Republic of Sao Tome and Principe is a small island developing State with a fragile economy and high vulnerability to exogenous shocks, classified since 2013 by the World Bank as a lower-middle-income country. Comprised of two main islands and four islets, Sao Tome and Principe is located in the Gulf of Guinea, 350 kilometres off the west coast of Africa. In 2014, it had a population of 197,900 people and gross national income per capita of $1,570.[1]

2. The country is considered to be a 'fragile State'[2] and faces significant challenges due to its insularity; small market size; high dependency on external aid; vulnerability to natural shocks and climate change; limited human capital; and scarce tradable resources to generate sustainable and inclusive growth and reduce poverty. Despite this situation, it has achieved the Millennium Development Goals on universal primary education, improving maternal and infant mortality and combating HIV/AIDS, tuberculosis, malaria and other diseases. Yet inequities remain, mainly related to household wealth.

3. The infant and under-five mortality rates have decreased, from 45 and 66 per 1,000 live births respectively in 2006, to 38 and 45 per 1,000 live births respectively in 2014.[3] However, the under-five mortality rate among the poorest 60 per cent of the population is 50 per 1,000 live births compared to 30 per 1,000 live births among the richest 40 per cent of the population.

4. Approximately 97 per cent of children aged 12-23 months in Sao Tome and Principe received a tuberculosis (BCG) vaccination by the age of 12 months in 2014; 95 per cent of children received the first dose of pentavalent vaccine and 93 per cent received the third dose. However there is a rather large gap between the antigen with the lowest coverage (82 per cent for three doses of pneumococcal conjugate vaccine) and the percentage of children who had all the recommended vaccinations by their first birthday which is only 66 per cent. This suggests that a notable proportion of children younger than 12 months missed one or more immunization opportunities.

5. The maternal mortality ratio was halved between 2009 and 2014, decreasing from 150 to 74 per 100,000 live births, and 92.5 per cent of women were attended by skilled health personnel during their last birth. Despite this progress, challenges remain in reducing neonatal mortality in Sao Tome and Principe, largely due to disparities in access to prenatal care and childbirth in a health centre as well as to the quality of care (in 2014, 73 per cent of women living in the poorest households reported four or more antenatal care visits, compared with 93 per cent of women living in the wealthiest households). Essential drugs and equipment are not always available at maternity facilities.

6. Sao Tome and Principe has a low prevalence of HIV: 0.5 per cent for the age group 15-49 years in 2014. Yet an estimated 1,000 persons are living with HIV, of whom only 41 per cent were receiving antiretroviral treatment in 2014. HIV-positive children under the age of 15 account for 80 cases and in 2015 there were just three new cases of mother-to-child transmission of HIV.

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[1] World Bank, http://www.worldbank.org/en/country/saotome/overview

[2] The country is considered a fragile State according to the harmonized African Development Bank and World Bank Country Policy and Institutional Assessment score, which was below 3.2 in 2010. Source: www.africaneconomicoutlook.org.

[3] Unless otherwise stated, data for 2006 and 2014 are based on Multiple Indicator Cluster Survey, data for 2009 on the Demographic and Health Survey and data for 2012 on the National Census, surveys conducted by the National Institute of Statistics.

7. Birth registration rates increased from 75 per cent in 2009 to 95 per cent in 2014, as a result of a successful joint programme by the Ministries of Justice and Health, supported by UNICEF and United Nations Development Programme (UNDP). However, worrying phenomena continue to be observed in the area of child protection, including child labour (in 2014, 26 per cent of children reported working in situations that violate international labour standards); violence against children (only 9.7 per cent of households use non-violent disciplinary methods and in 2010 sexual violence affected at least one member of 19 per cent of families);[4] and early/adolescent pregnancy. In 2014, 27.3 per cent of women aged 20-24 years had at least one child before the age of 18, and 32.2 per cent of adult women were reportedly married or in union before the age of 18.

8. The primary school net intake rate increased from 56.4 per cent in 2008 to 95.8 per cent in 2014.[5] While enrolment in primary school is high and inclusive of boys and girls, access to preschool education is low and inequitable (in terms of access and length of stay). In addition, the quality of education at all levels remains an issue, with high dropout and repetition rates, especially among girls. In 2014 one in two children (52.8 per cent) of preschool age and two of three children (60.4 per cent) of secondary school age were attending school at the appropriate grade level (secondary school attendance is much lower for the poorest quintile: 42 per cent versus 82 per cent for the richest quintile). Only 53 per cent of those who enter primary school actually transitioned to the secondary level in 2014. Access to the second level of basic education (Grades 5 and 6) remains limited because schools offering these grades are located mainly in district capitals. Children with special needs, especially those with mobility or hearing difficulties, are very vulnerable to exclusion (71.4 per cent of children with severe mobility difficulties are not enrolled).[6]

9. Almost one third of the population is comprised of adolescents and youth aged 10-24 years (31.2 per cent). With a literacy rate of 83 per cent in 2015 for the age group 15-24 years[7] and 21 per cent of secondary-age children out of school in 2009 (36 per cent from the poorest quintile), efforts are needed to ensure the availability of educational opportunities for out-of-school children and young people. Similarly, 87.5 per cent of pregnant girls and young mothers dropped out of school in 2012, probably as a consequence of the lack of a gender-responsive education system (pregnant girls are only allowed to attend evening sessions). Consequently, the training of out-of-school youth and their integration into the labour market remains critical, but is hampered by the absence of a national employment policy. The Government's inability to generate employment makes youth, of whom some 23 per cent are unemployed, the most vulnerable segment of the population, posing a potential challenge to political stability and economic prosperity.

10. According to the joint monitoring programme for water supply and sanitation, in 2015 only one third of the population had access to improved sanitation. Open defecation rates are among the highest in the region: 54 per cent of the population defecates in the open (66 per cent in rural areas and 48 per cent in urban areas). Access to drinking water and basic sanitation varies according to wealth quintile. Access to improved sanitation facilities is estimated at 93 per cent for the wealthiest quintile, compared with just 12 per cent for the poorest. Access to improved water sources is more equitable: 99 per cent for the wealthiest quintile and 91 per cent for the poorest quintile. However, differences remain in the quality of the water, depending on its source, and in relation to the distance to a water source.

[4] UNICEF study on violence against children, 2010.
[5] UNESCO Institute for Statistics, 2015.
[6] Signalization programme of children with handicap in Sao Tome and Principe, UNICEF, 2015.
[7] UNESCO Institute for Statistics, 2015.

11. During 2009-2014, Sao Tome and Principe made significant progress towards overcoming three standard indicators of malnutrition. The proportion of underweight children decreased by over 33 per cent, chronic malnutrition by 41 per cent and acute malnutrition by 62 per cent. Nevertheless disparities by wealth quintile can be observed, with children in the poorest quintile disproportionally affected by malnutrition. Despite progress, recent surveys indicate that over 6 in 10 children (67 per cent) in the age group 6-59 months suffer from anaemia, as do four of every five children aged 6-23 months. Around three fourths (73.8 per cent) of children under six months of age are exclusively breastfed.

12. The national Law on Social Protection and recently adopted national social protection policy, developed with support from UNICEF, conceive a division into three levels of care: social protection for citizens (non-contributory); mandatory (employees and self-employed); and complementary (non-mandatory private pensions). Analysis of public interventions for non-contributory social protection for children in Sao Tome and Principe shows a range of relevant initiatives, but with gaps in coverage, impact and coordination. This scattered approach has failed to create a basic social protection system for the population. There is no universal family benefit programme for children.

13. The Committee on the Rights of the Child has recommended increased coordination on children's issues through the creation of a national child rights committee with a mandate to coordinate all activities related to implementation of the Convention on the Rights of the Child at national, local and cross-sectoral levels. UNICEF will continue its advocacy and support for the creation of such a committee.

Programme priorities and partnerships

14. In the current context of political stability, authorities plan to implement an ambitious and comprehensive reform agenda, articulated in the 2030 Transformation Agenda. Priority will continue to be given to: (a) promoting good governance and public sector reform; (b) promoting sustainable and inclusive growth; and (c) strengthening human capital, social service delivery, social cohesion and social protection.

15. The country programme will contribute to the implementation of national priorities on social service delivery, social protection and social cohesion, as defined in the 2030 Transformation Agenda to reach the Sustainable Development Goals, focusing on the most deprived regions. The outcomes of the United Nations Development Assistance Framework (UNDAF) related to improving protection and basic social services for vulnerable populations particularly children, women, adolescents and youth, constitute the basis for this country programme.

16. Within the overall focus on equity and the framework of reducing disparities, the country programme will concentrate on the most deprived children and will take advantage of recently generated evidence – using a child deprivation analysis, Multiple Overlapping Deprivation Analysis and poverty indexes applied at the district level – and strong government commitment to the social sectors to accelerate social policy and legal reforms. Key focus areas will include: (a) improving delivery of basic social services in order to reduce anaemia, contribute to the reduction of stunting and neonatal mortality and build on achieved gains in child and maternal mortality and improved access to sanitation; (b) working towards better quality education, with particular emphasis on greater inclusion of out-of-school children and those with disabilities; (c) increasing access to adequate and efficient systems of integrated child protection to respond to violence, abuse and exploitation of the most vulnerable children and social protection; and (d) expanding

opportunities for youth and adolescents, especially girls, to access non-formal education and gain life-skills competencies.

17. Based on lessons learned during the previous country programme (such as the importance of leveraging resources, the value of South-South and triangular cooperation and the role of UNICEF as a reference for child-related data), the country programme will employ, as part of its overarching human rights-based approach, a mix of strategies. It will: (a) continue to generate and disseminate evidence on children and its use for advocacy and programme monitoring; (b) broaden existing partnerships with civil society organizations, universities, United Nations agencies and the private sector and establish new alliances with Parliament, the mass media and district councils; (c) expand South-South cooperation, especially the sharing of knowledge and experiences; (d) continue efforts to improve child health and care practices by parents and communities through communication for development and capacity-building activities; and (e) use of innovative approaches to facilitate the participation of children and youth and to reinforce community empowerment and bottom up-accountability.

18. The country programme defines UNICEF support to the Government at both upstream and downstream levels, promoting a system-based, rather than a facility-based approach, and assessing the relevance and impact of national strategies by modelling, documenting and costing successful initiatives that can be scaled up at the national level.

19. Intersectorality –among partners and within the country office, aimed at addressing children's multiple deprivations and improving programme efficiency –will remain one of the most important strategies to ensure efficient and effective support to the Government in the areas of social protection (through the parental education programme, which is integrated into other programme components, and the first, most critical 1,000 days programme), water and sanitation and child protection. Based on multiple deprivation indicators, geographical locations (urban/rural) and opportunities for strategic partnerships, three provinces will be identified as areas of convergence for sectoral activities towards developing integrated models to be scaled up by the Government with the support of partners.

20. A gender lens will be applied throughout all programming areas, with a special focus on adolescents and youth and in line with the UNICEF Gender Action Plan, 2014-2017.

21. Across all programme components, capacities for emergency preparedness and response will be mainstreamed, with the aim of increasing resilience in communities and prevention, monitoring and response capacities with institutions.

22. Each component will strengthen existing partnerships with key government sectors and United Nations agencies, including non-resident agencies. Emphasis will be given to the reinforcement of partnerships with international universities, the private sector, international organizations (including the World Bank and the Global Partnership for Education (GPE)) and civil society organizations, as well as the development of innovative partnerships with bilateral donors and alliances with district councils.

Equitable child survival: health, HIV, nutrition and sanitation

23. The progress in reducing infant, under-five and maternal mortality experienced during the last decade proves the effectiveness and relevance of the strategies and interventions in this sector over the years. However key challenges remain as evidenced by the relatively high maternal mortality ratio, stagnation of the neonatal mortality rate and unequal access to sanitation leading to high rates of open defecation. Interventions to reduce chronic malnutrition (currently at 4 per cent) and anaemia prevalence constitute, together with programmes to improve maternal and neonatal health, the three priorities of this programme component; prevention of vertical transmission of HIV will also be an area of particular focus.

24. This programme component is aligned with the priorities of the new government programme, namely, protection of vulnerable groups, the fight against infectious diseases, reducing neonatal mortality and improving children's nutritional status. The consolidation of the existing high vaccination coverage (93 per cent for the third dose of pentavalent in 2014), expansion of the strategy for community-based integrated management of childhood illnesses, food fortification with micronutrients and support for improving urban sanitation, coupled with capacity-building of health personnel, will constitute key strategies to achieve the envisaged results.

25. The definition of the interventions will be based on equity parameters, on addressing the bottlenecks identified through decentralized monitoring and on financial efficiency approaches to ensure the relevance of interventions in line with available resources.

Education

26. This programme component will support the Government's comprehensive reform of the education system, as outlined in its sectoral plan and long-term strategy, including ensuring that it becomes more gender-responsive. Two areas will be prioritized: (a) improving the quality of teaching and learning at primary and secondary levels; and (b) strengthening capacities of parents and educators to provide care and early stimulation. The studies conducted and data produced during the previous cycle, as well as the early education policy that was developed, will provide the necessary evidence for advocacy and policy dialogue aimed at improving mobilization and management of resources to integrate parental education into existing social protection programmes for children under three years of age, and at improving the quality of existing preschool services and universal primary education. Strategies to be prioritized include developing systems for regular assessment of learning outcomes and teachers' performance, through the improvement of tools such as the Education Management Information System, the Simulation for Equity in Education and decentralized monitoring to identify and remove bottlenecks, generating data that will allow continuous improving of the overall education system.

Child protection

27. On the basis of the 2010 diagnosis on violence suffered by children and the national child protection policy and plan of action finalized in 2015, the child protection component will have as its main focus to establish and manage a holistic child protection system at the national and decentralized levels. The system will aim both to prevent and respond to violence against children. This programme component will support the creation of an institutional framework for child protection by: (a) establishing a multisectoral coordination and monitoring institution for the child protection system and training

stakeholders involved in its management; (b) promoting competencies for self-protection among children; (c) improving care skills of parents and communities; and (d) ensuring the capacity of social service providers to identify children at risk, for early prevention. Support for the prevention of and sensitization about gender-based violence will continue during the next programme cycle.

28. This programme component will work at several levels. At the upstream level, building on the legislative reform carried out during the previous cycle, UNICEF will support the development of regulations to accompany the laws relevant to child protection. At the technical level, interventions will focus on institutional capacity-building, intersectoral coordination around child protection and enforcement of existing laws through training of child protection actors. At the community level, the child protection programme component will support implementation of the parental education programme which aims to provide social support to parents and children and to promote new norms and social and individual practices that protect children.

Social inclusion

29. This programme component will support the reduction of child poverty and discrimination against children through improved policy environments and social protection systems for disadvantaged children. Through an understanding of the patterns and drivers of child poverty and exclusion in Sao Tome and Principe, the programme will support the development of effective policies and advocacy tools, including an improved social protection system. Priority will be given to generating evidence, greater use of existing administrative data, improving the capacities of government partners to analyse and utilize data and developing evidence-based social policies. Support for the generation of data on children will also contribute to monitoring progress on achieving the Sustainable Development Goals and implementation of child-related components of the African Union's 2063 Agenda in the country.

30. Social protection systems are intended to protect the most vulnerable, prevent the waste or loss of human capital and promote at the individual, family and community levels the potential for families to rise out of poverty. In Sao Tome and Principe, large gaps in the social protection system have a direct impact on children, due to the limited coverage of programmes for vulnerable groups (such as mothers with many dependents) and lack of attention by existing programmes to the treatment of severe chronic malnutrition, including for children living with HIV. This programme component will support implementation of the national social protection strategy by the Ministry of Employment and Social Affairs, and will include enhancing of the Ministry's technical capacities, improving its monitoring and evaluation system and ability to implement assistance programmes focusing on children.

Youth and adolescent empowerment

31. Adolescents and youth in Sao Tome and Principe should play a key role in the country's development and future. However, despite their extraordinary potential, adolescents and youth represent a vastly underused social capital. To provide adolescents and youth with opportunities for their full intellectual and social development, UNICEF, in coordination with other United Nations agencies (such as the United Nations Population Fund and International labour Organization), will strengthen the Government's capacity to establish and manage gender-responsive educational services to provide flexible learning programmes or non-formal education programmes, including vocational training, to the growing number of school-age children and adolescents who have abandoned school.

32. Adolescents, especially girls, are prone to early unwanted pregnancies, septic abortions, sexual abuse, HIV infection and alcohol and substance use. The highest HIV prevalence in the country (1.5 per cent in 2014) is found among the group of adults who had their first sexual relationship before the age of 16 years. Reaching young boys and girls through life-skills programmes – both within and outside of the education system – is also key for providing sexual education, in particular for the prevention of sexually transmitted diseases, HIV and early pregnancies, as well as for the promotion of gender-equitable norms among boys and girls. In addition, the programme will provide opportunities to develop youth leadership abilities and empower girls and young women to claim their rights and actively participate to decision-making within families and the larger society and its institutions.

Programme effectiveness

33. This programme component aims to ensure that the country programme is efficiently designed, coordinated, managed and supported to meet quality programme standards in achieving results for children. Support activities under this component include programme coordination, planning and monitoring; strategic public communication; advocacy and partnership building; and cross-sectoral administrative functions.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Equitable child survival: health, HIV, nutrition and sanitation	1 000	500	1 500
Education	700	500	1 200
Child protection	600	250	850
Social inclusion	590	250	840
Youth and adolescents empowerment	700	200	900
Programme effectiveness	1 100	300	1 400
Total	**4 690**	**2 000**	**6 690**

Programme and risk management

34. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

35. The Ministry of Foreign Affairs is the national coordinating body of the UNDAF Steering Committee. Cooperation with this Ministry and with sectoral ministries will be strengthened through capacity-building activities and increased intersectoral coordination. UNICEF will continue to support sectoral coordination mechanisms in education (as the

local coordinating entity of the GPE), health (as member of the country coordination mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria), child protection and social inclusion (as member of the network of civil society for good governance) in collaboration with the Government and key partners, i.e., the African Development Bank; World Bank; Global Fund; Gavi, the Vaccine Alliance; GPE; and bilateral partners.

36. UNICEF will work with parliamentarians to strengthen the legislative and social policy environment and advocate for a more child-friendly and supportive state budget process. A wider alliance for child rights will be sought through the re-establishment of the multisectoral committee for monitoring the implementation of the Convention on the Rights of the Child.

37. Within the framework of Delivering as One, UNICEF will strengthen collaboration within the United Nations system by developing joint programmes with other United Nations agencies. The business operations strategy will be implemented to harmonize and reduce operating costs. United Nations agencies will continue to share common premises and some common services.

38. Within the agreed standard operating procedures of the UNDAF, the focus will be on continuous reduction of common costs and improved effectiveness in programme delivery through innovative joint annual workplans and programmes. The harmonized approach to cash transfers will be prioritized as a common framework to enhance programme effectiveness and efficiency and reduce transaction costs.

39. The main risks to programme implementation relate to natural disasters, limited funding capacity and high dependency on external aid by the Government, as well as limited market supply and technical capacity of governmental partners. To mitigate these risks, UNICEF will regularly assess and monitor disaster risk; continue to seek innovative approaches to resource mobilization, leveraging of resources and in-kind support especially from the private sector; plan in advance for supplies that need to be purchased internationally; and continue to motivate partners through field and exchange visits, workshop participation and facilitation and capacity-building activities.

Monitoring and evaluation

40. In collaboration with the Ministry of Foreign Affairs and within the overall framework of Delivering as One, UNICEF will contribute to periodic reviews of the UNDAF and related joint workplans developed by inter-agency thematic groups, in order to assess achievement of results, especially those pertaining to UNICEF contributions, to analyse constraints and opportunities encountered and, together with United Nations organizations and partners, decide on any needed changes to the joint annual workplans. More specifically, UNICEF monitoring, research and evaluation activities are defined in the five-year integrated monitoring and evaluation plan, with detailed annual plans and its related budget approved by the country management team.

41. UNICEF will continue to support the Sao Tome and Principe national database ('STPinfo'), which constitutes a central source of information and data on the country. Efforts will continue to strengthen decentralized monitoring in the health and education sectors. Support will be provided for the organization of the Demographic and Health Survey in 2018 and Multiple Indicator Cluster Survey in 2020. Two evaluations are planned during the cycle, covering the parental education programme and its effectiveness and the micronutrients programme. In the areas of education, protection and child survival, UNICEF will conduct studies related to out-of-school children, early childhood education and the impact of the iodine supplementation programme.

Annex

Results and resources framework

Sao Tome and Principe-UNICEF country programme of cooperation, 2017-2021

Convention on the Rights of the Child: Articles 3, 6, 7, 8, 9, 12, 13, 14, 16, 17, 18, 19, 20, 21, 23, 24, 26, 27, 28, 29, 31, 32, 34, 36, 37 and 40.

National priorities: National Transformation Agenda 2030, outcome: strengthening of social cohesion

UNDAF outcomes involving UNICEF:

- **Outcome 1**: Disparities and inequities are reduced at all levels through the effective participation of key and vulnerable groups and the development and utilization by these groups of protection and basic social services.

Outcome indicators measuring change that includes UNICEF contribution

- Poverty Index: *Baseline* 66.2% (2012); *Target* 30% (2021)
- Neonatal mortality rate: *Baseline* 19.3 per 1,000 live births (2013); *Target* 5 per 1,000 live births (2021)
- Maternal mortality ratio: *Baseline* 76 per 100,000 live births (2015); *Target* 17 per 100,000 live births (2021)
- Transition rate from primary to secondary school: *Baseline* 53.7% (2015); *Target* 70% (2021)

Related UNICEF Strategic Plan outcomes:

1. Health. Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of health behaviours.

2. HIV and AIDS. Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents.

3. Water, sanitation and hygiene. Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices.

4. Nutrition. Improved and equitable use of nutritional support and improved nutrition and care practices.

5. Education. Improved learning outcomes and equitable and inclusive education.

6. Child protection. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

7. Social inclusion. Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Pregnant women, newborns and young children, especially the most vulnerable, benefit from quality neonatal, child health, HIV, nutrition and sanitation services, including in emergency situations.	Percentage of children aged 12-23 months fully immunized[a] *Baseline* (2014): 65.8% *Target (2021)*: 80% Percentage of children aged 6-59 months with anaemia *Baseline* (2014): 67.5% *Target (2021)*: 45% Number of children born to mothers living with HIV who have been infected through vertical transmission, at 18 months of age *Baseline* (2015): 3 *Target (2021)*: 0 Percentage of the urban population using improved sanitation facilities *Baseline* (2014): 47,5% total; 53% urban, *Target (2021)*: 65% total; 70% urban,	MICS, DHS, Ministry of Health reports	**Output 1** Equity-focused legislation, policies and strategic plans related to pregnant women, newborns and young children health, HIV prevention and control, nutrition and sanitation are developed. **Output 2** Capacity of key government institutions at district and community levels to provide and monitor quality health, HIV, nutrition and sanitation services, in regular and emergency situations, is strengthened.	Ministry of Health, Ministry of Education, Ministry of Infrastructure and Natural Resources, local authorities WHO, UNFPA, UNDP, WFP, FAO GPE, World Bank, civil society, parents' associations, bilateral cooperation	**1 000**	**500**	**1 500**
2. Children, especially the most vulnerable, benefit from quality gender-responsive parental education, early learning and primary and secondary education, including in emergency situations	Gross enrolment ratio in pre-primary education *Baseline* (2014): 52.8% *Target (2021)* : 60% Percentage of children under 5 years meeting relevant growth and developmental milestones (early childhood development index), disaggregated by wealth quintile, gender and urban/rural	MICS, UNESCO UIS	**Output 1** Education sector's capacity to legislate, plan, budget for and implement reforms related to access to quality early education and retention of children in primary and secondary levels is strengthened. **Output 2** Capacity of parents, caregivers, communities and educators to provide	Ministry of Health, Ministry of Education, local authorities WHO, UNFPA, UNDP, WFP, UNESCO GPE, World Bank,	**700**	**500**	**1 200**

[a] Includes BCG; three doses of oral polio vaccine; three doses of pentavalent vaccine; three doses of pneumococcal conjugate vaccine; yellow fever; and measles.

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Baseline (2014): 54.5% total; 51.2% poorest quintile; 53.7% male, 55.4% female; 53.5% urban, 56.6% rural *Target (2021)*: 70% total; 65% poorest quintile; 70% male, 70% female; 70% urban/rural Percentage of secondary school-age children out of school, disaggregated by wealth quintile and gender *Baseline* (2014): 11.6% total; 22.6% poorest quintile ; 12.6% male, 10.7% female *Target (2021)*: 7% total; 15% poorest quintile; 15% male, 15% female		integrated quality early childhood development (early stimulation, learning, safety, care and nutrition) is strengthened.	civil society, parents' associations, bilateral cooperation			
3. Vulnerable groups, in particular children and women, benefit from adequate protection against violence, abuse and exploitation	Children 2-14 years who experience violent disciplinary practices by an adult member of the household, disaggregated by poorest quintile *Baseline* (2014) 80% total; 81.7% poorest quintile *Target (2021)*: 60% total; 60% poorest quintile Percentage of children who benefited from legal aid and legal representation services *Baseline* (2010): 77.1% *Target (2021)*: 85%	MICS, Ministry of Finance, Ministry of Employment and Social Affairs, sector studies	**Output 1** Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children is strengthened. **Output 2** Government, communities and civil society capacity to work on prevention, identification and reporting of child abuse, violence and exploitation and provision of appropriate care strengthened, especially for vulnerable groups.	Ministry of Employment and Social Affairs, Ministry of Justice, Ministry of Education, Ministry of Health, Ministry of Interior, Ministry of Economy and International Cooperation, National Institute of Statistics, local authorities, National Assembly UNFPA, UNDP, ILO	**600**	**250**	**850**

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				Civil society, bilateral cooperation, World Bank			
4. Vulnerable groups, in particular children and women, benefit from improved social protection systems guided by generated evidence.	Existence of disaggregated national household survey data on child-focused targets of the Sustainable Development Goals collected *Baseline*: MICS in 2014 *Target*: DHS in 2018, MICS in 2020 Percentage of state budget allocated to social protection *Baseline* (2014): 1.5% *Target (2021)*: 3% Percentage of vulnerable children covered by government cash transfer programmes *Baseline:* 12% *Target (2021)*: 35%		**Output 1** Quality disaggregated and gender-sensitive data for evidence-based decisions, advocacy, programming and enhanced participation of vulnerable groups through surveys available. **Output 2** National capacity to provide child-sensitive social protection services and to review its policy or develop related legislation is strengthened.		**590**	**250**	**840**
5. Adolescents and youth, in particular girls and the most vulnerable, contribute to the creation and benefit from services of reproductive health, education, training, and information responding to their needs.	Adolescents and youth aged 15-24 years with comprehensive knowledge about HIV and AIDS, disaggregated by sex *Baseline* (2014) Female 42.2% male 43.2% *Target* (2021): Female 80%, male 80% Percentage of women 20-24 years-old who gave birth before age 18 *Baseline* (2014): 27.3% *Target (2021)*: 20%	MICS, DHS, sector studies, UNESCO	**Output 1** Boys and girls benefit from life-skills interventions by skilled service providers to empower and increase their participation, influence decision making and enhance their capacities to prevent early pregnancy, alcohol consumption and other risky behaviours **Output 2** Capacity of Government and civil society to provide alternative non-formal educational services for out-of-school adolescents, especially the most vulnerable, is strengthened	Ministry of Youth and Sports, Ministry of Education, Ministry of Health, Ministry of Justice, Ministry of Employment and Social Affairs, National Institute of Gender Promotion UNFPA, WHO, UNDP, ILO	**700**	**200**	**900**

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Percentage of secondary school adolescents aged 10-14 years who had consumption of alcoholic beverages at least once *Baseline* (2015): 14.7 % *Target (2021)*: 8% Percentage of out-of-school adolescents benefiting from alternative non formal educational services *Baseline* (2015): 0% *Target (2021)*: 40% total, male and female			Civil society, Bilateral cooperation			
Programme effectiveness The country programme is efficiently designed, coordinated, managed and supported to meet quality programme standards in achieving results for children	Percentage of annual budget implementation rate of regular resources *Baseline* (2015): 92% *Target*: 95% Percentage of activities of the annual integrated monitoring and evaluation plan effectively completed *Baseline* (2015): 68% *Target*: 90% Percentage of UNICEF advocacy events featured in national media *Baseline* (2015): 90% *Target*: 100% Programme components on equitable child survival, child protection, adolescents and youth and education have specific plans for inclusion of	Annual reports	**Output 1** UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes **Output 2** UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes **Output 3** UNICEF staff and partners are provided tools, guidance and resources for effective advocacy and partnerships on child rights issues with stakeholders **Output 4** Strategies to address cross-cutting issues related to child rights are developed and applied.	Ministry of Youth and Sports, Ministry of Education, Ministry of Health, Ministry of Justice, Ministry of Employment and Social Affairs Civil society, bilateral donors, private sector	**1 100**	**300**	**1 400**

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	emergency preparedness developed and effectively implemented *Baseline* (2015): plans not existent *Target*: plans exist and are implemented						
Total resources					**4 690**	**2 000**	**6 690**